Washington State Department of Labor & Industries

Industrial Insurance Medical Advisory Committee Meeting

Minutes for October 27, 2011 Meeting

Topic	Discussion & Outcome(s)
	Members present: Drs. Bishop, Chamblin, Friedman, Howe, Firestone, Harmon, Lang, Nilson, Ploss, Sullivan, Tauben, Yorioka, Waring, Zoltani **Members absent:** Dr. Carter **L&I staff present:** Dr. Franklin, Dr. Glass, Dr. Stockbridge, Leah Hole-Curry, Carole Winegar, Simone Javaher, Reshma Kearney **Members of the public present:** Bill Alkire, Regine Neiders and Ryan Guppy, Susan Scanlon DPM, Robert Silber, Clif Finch.
Welcome & Introductions	Welcome to Dr. Karen Nilson MD, who is the newest member of the IIMAC. Minutes from 9/22/11 special meeting were approved.
Robert Bree Collaborative	Brief report on implementation of the Bree Collaborative, established through ESHB1311 in the 2011 legislative session. The collaborative is spearheaded by Steve Hill and will work with public and private health care purchasers and plans. The governor appointed 20 members to the collaborative. The purpose is to study and report on health care practices that have high degrees of variation or utilization in Washington State without improving health outcomes. The focus is to implement guidelines, decision aids, and other effective means to increase use of services that have been shown to be effective, thereby improving quality and reducing waste and cost. This collaborative will not address technologies or drugs that are already addressed within the scope of other WA legislatively authorized processes (WA Health Technology Assessment program and prescription drug group). Topics currently being considered include reducing preventable episodes of re-hospitalization and unnecessary complex spine surgery. The Bree collaborative, via Dr Franklin, is working with Dr Flum at the UW and the Spine CERTN project to assess the best means of improving quality and investigating outcomes of spine surgery.
Newly prioritized COHE quality indicators (QIs) and new COHE publication	Focus of new QIs is that they be structured and focus on improving a process or an outcome. Process measures can be pinned to individual practitioners whereas with outcome measures, an outcome may not be good despite the best care. Also want to focus on care that is likely to assist in preventing or adequately treating chronic pain because just about all long term disability is related to chronic pain. Four initial COHE QIs have been successful; now proposing nine new QIs in these general areas: graded exercise, activity coaching, pain and function tracking, case conferencing, assessment of fear-avoidance and recovery expectations, coordinated pain care in the community, and three indicators related to perioperative care for surgical patients. Plan is to begin pilot testing some of the more promising quality indicators over the next year. Want to have a web-based database to track worker outcomes of the COHEs. Dr Franklin highlighted the impending peer-reviewed publication of the key COHE outcomes paper in the journal Medical Care (http://www.ncbi.nlm.nih.gov/pubmed/22015667)
Update on Chronic Pain Subcommittee	L&I's opioid and controlled substances guidelines are being revised with goal of having a single, more comprehensive guideline. New guideline will include L&I's formal adoption of the AMDG Opioid Dosing Guideline. Goals: use most current literature, make compatible with DOH prescribing rules, better forms and improved integration into L&I processes, and provide basis for adopting new L&I prescribing rules. Scope

	includes chronic opioid therapy (COT), perioperative uses of opioids when patient on COT, opioid tapering and detoxification, comorbidities, contraindications, adverse effects, co-prescription risks and recommendations, and provider resources. Anticipated completion: present to IIMAC for vote in October 2012; implement January 2013.
Provider Survey Report	Provider satisfaction survey is done biennially in even numbered years. Last survey completed November 2010 by Gilmore Research Inc., and included 974 practices. Responses obtained from both staff and practitioners. Sample response rate: 66%. Focus of presentation was provider awareness of medical treatment guidelines and coverage decisions (combined). Among the practitioners only, 47.2% were aware of these policies. Within provider types who were aware of the guidelines: ARNPs = 59.3%; DCs = 56.5%; NDs = 52.6%; DOs = 51.4%; MDs = 41.1%; PAs = 33.3%. Of those who used the guidelines and/or coverage decisions, 66% found them somewhat useful; 22.3% very useful; 10.6% of little use; 1.1% not useful. Providers who are aware of these L&I resources are more likely to be satisfied treating L&I patients. Too much paperwork is an ongoing complaint. See slide handouts for other details and individual comments.
Update on Provider Network Advisory Group	The Provider Network Advisory group accepted the Risk of Harm language intact as it was approved by IIMAC. Further work was done on the minimum criteria for enrolling in the statewide provider network. The current version of draft rules including both the minimum network standards and risk of harm language will be filed with the code reviser next week and public hearings will be held around the state. Hearing schedule is appended at end of these minutes.
Project ECHO from UW and "Telepain"	Started at the University of New Mexico and initiated by UW March 2011; Broadcast weekly (Weds, 12-1:30pm), project ECHO utilizes audio and videoconferencing technology to provide didactic presentations and de-identified case specific consultations to providers around the state, and beyond. Provides expert UW multidisciplinary consultation for chronic pain patients; provides training opportunities for medical students and residents/fellows; has reached over 120 community based clinicians from > 35 clinic locations. Has multiplier effect, helping more than the one patient whose case is presented by the community provider. It improves access to specialists, meets the consultation requirement of the new DOH rules, disseminates evidence based practice, builds capacity of rural PCPs, provides case-based learning, core concepts and tools, and CMEs. Current cost for UW is about $300,000 per year and cannot be sustained without revenue generation in the future. Visit their website and join in: http://depts.washington.edu/anesth/care/pain/echo/overview.shtml

Three public hearings will be held to allow for public comments on this proposed rule.
For questions related to the rule-making process, please call Jami Lifka at (360) 902-4941.
For questions related to the SSB 5801 Provider Network Advisory Committee, please call Joanne McDaniel at (360) 902-6817.

Public Hearing #1	**Public Hearing #2**	**Public Hearing # 3**
December 8th (start at 10:00 am) The Conference Center Port of Seattle, SeaTac Airport 17801 International Blvd, Room 6012M Seattle, WA 98158	December 12th (start at 5:30 pm) Department of Labor and Industries Headquarters Room S118 7273 Linderson Way, SW Tumwater, WA 98501	December 16th (start at 10:00 am) Center Place Event Center 2426 N. Discover Place Auditorium Spokane Valley, WA 99216

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Written comments must be received by the Department of Labor & Industries, no later than 5:00 PM (PST) December 16, 2011.

Any written comments on the proposed WAC changes should be sent to Jami Lifka, Medical Program Specialist, via:

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